

Amendments to the Specification:

Please replace paragraph [0029] with the following amended paragraph:

[0029] For example, FIGURE 2B illustrates an insurance company 102 providing only major medical insurance coverage 250 to supplement the PPO BUSTERS plan 200 provided in accordance with the present invention. This supplement to PPO BUSTERS includes an insurance company (Major Medical Plan Only) 102, one or more individuals (members) 104 either individually or part of a group and one or more medical service/product providers 106. The individual 104 pays a major medical premium ~~408~~ 254 to the insurance company 102. All or part of the premium ~~408~~ 254 may be paid by the individual's 104 employer or business. The premium ~~408~~ 254 may also include coverage for a spouse and dependents. When an individual 104 or a family member obtains health/medical services or products from a medical service/product provider 106, the individual 104 pays a co-pay/deductible 110 up to a maximum out-of-pocket expense limit. The insurance company 102 then pays the medical service/product provider 106 based on what is deemed as usual and customary charges (Major Medical Payment ~~442~~ 258) for the product or service in the particular geographic area. Note that there can be a significant delay and administrative overhead associated with obtaining payment ~~442~~ 258 from the insurance company 102.

Please replace paragraph [0030] with the following amended paragraph:

[0030] The larger PPO BUSTERS membership roles become, the better the group premium ~~408~~ 254 will become for its members. The bottom-line is that such insurance, without a mandatory PPO option, will only cost a fraction of what a normal medical insurance policy costs today because the insurance company 102 will not be responsible for the majority of the claims that current insurance companies pay. While the individual 104 will pay for their basic medical needs at greatly reduced prices 212 (FIGURE 2A) (the same that PPO's are currently paying), their overall cost of medical services

(insurance, co-pays and deductibles) will go down dramatically because they are no longer being forced to let the insurance company 102 make its profit spreads on every dollar spent for medical services. Moreover, healthy people will pay even less when compared to a current group health insurance premium. Over time, the savings can be tremendous for young healthy people, because health care expenses are shifted from present day dollars to future dollars. In addition, the young healthy people are not subsidizing those that are less healthy.

Please replace paragraph [0035] with the following amended paragraph:

[0035] Now referring to FIGURE 3, a data flow diagram 300 in accordance with one embodiment of the present invention is shown. The medical service/good providers 106 (collectively referred to as a pool of service/good providers) that wish to participate in the PPO BUSTERS program will be able to do so in one of two ways; either by obtaining a Basic Listing 306 or a Premium Listing 308, as illustrated by decision block 304. A basic listing 306 is defined generally as being free to the participant and a premium listing 308 is defined generally as including a payment for the advertising services associated with the premium listing 308. The basic listing 306 may include, for example, general information about the medical service/good provider 106, such as name, address, phone number, office hours and minimal practice description, etc. The premium listing 308 may include in addition to the general information, for example, a link on a global telecommunications network to a medical providers special PPO BUSTERS web-page or a pre-stored advertising. The web-page will be a standardized layout that displays a picture of the provider, the provider's mission statement, a short biography, a picture of their facility, maps to the facility, etc. This web-page will be a way for a PPO BUSTERS member ~~314~~ 104 to become more familiar with the medical service/good providers 106 offered and help them make a more informed choice. In essence, it is a way for the medical service/good provider 106 to advertise themselves. A portion of the payment for the premium listing 308 may enter a multi-level or network advertising payment system. The basic listings 306 and premium listings are stored on a server 310. The server 310

may be a single computer, data storage device or a distributed network of computers that allow appropriate access to the information stored on the server 310.

Please replace paragraph [0036] with the following amended paragraph:

[0036] After the median PPO rate for a particular community has been determined, a price list 312 containing the published rates of services will be made available via the server 310. The term published rates does not necessarily mean that all rate information is public information available to everyone. For example, the published rates for one community may not be available to members ~~314~~ 104 or medical service/good providers 106 in another community. If a medical service/good provider 106 wishes to offer PPO BUSTERS members 104 (collectively referred to as a pool of members) its services, the provider may sign an agreement to do so at the published fees and obtain a free Basic Listing 306 on the PPO BUSTERS Internet website via server 310. When a PPO BUSTERS member 104 wishes to find a provider 106 in their area, they will go to the PPO BUSTERS Internet website via server 310 and input their zip code and desired services category, at which point all the medical services providers 106 signed up with PPO BUSTERS in their area will be displayed. The PPO BUSTERS Internet website may also include information and advertisements from advertisers 316, such as pharmaceutical companies. The advertisements can be provided to the members ~~314~~ 104 based on stored preferences, search terms or search results.

Please replace paragraph [0038] with the following amended paragraph:

[0038] As previously described, the server 310 contains price list information 312, information from advertisers 316 and information about the pool of medical service/good providers ~~302~~ 106. A member 104 accesses the server 310 and searched the medical service/good providers' basic 306 and/or premium listings 308 in block 404. Advertisements can be displayed to the member 104 based on the search. Once the

member 104 reviews the basic listings 306 and premium listings 308, the member 104 selects a medical service/good provider 302 in block 406.

Please replace paragraph [0042] with the following amended paragraph:

[0042] Now referring to FIGURE 5, a revenue flow chart 500 in accordance with one embodiment of the present invention is shown. The network provider 204 or PPO BUSTERS receives revenue from the pool of members 104 through membership fees 210, advertisers 316, such as pharmaceutical companies, through advertising fees 506, and medical service/good providers 106 for premium listings 308 through premium listing fees 508. There is no charge to medical service/good providers 106 for basic listings 306. Additional revenue 510 may also be obtained through a new MLM of medical service/good providers ~~302~~ 106.

Please replace paragraph [0048] with the following amended paragraph:

[0048] For example, FIGURE 8 illustrates PPO BUSTERS 800 provided by a pharmacy benefit manager 804, which is typically a managed volume purchaser of drugs, in accordance with another embodiment of the present invention. This embodiment of PPO BUSTERS 800 includes a pharmacy benefit manager 804, individuals ~~202~~ 104 and pharmaceutical companies 806. Individuals 104 pay a membership fee 210 to the pharmacy benefit manager 804 and/or PPO BUSTERS in order to join the program and access the pharmaceutical listing and discount price list 808. All or part of the membership fee 210 may be paid by the individual's 104 employer or business. The membership fee 210 may also include coverage for a spouse and dependents. The pharmaceutical listing 808 is created and maintained by the pharmacy benefit manager 804 or its agents and contains, in part, information provided by the pharmaceutical companies 806, which could join PPO BUSTERS 800 in order to get preferential treatment. The individual 104 pays the discount price 212 to the pharmacy benefit manager or its designated pharmacies 804 when the goods or services are rendered. The

individual 104 can “look up” the discount price on the discount price list 808 prior to contacting the pharmacy benefit manager or its designated pharmacies 804.

Please replace paragraph [0052] with the following amended paragraph:

[0052] Referring now to FIGURE 10, a diagram illustrating a PPO/major medical plan 1000 provided by an insurance company 102 in accordance with another embodiment of the present invention is shown. PPO BUSTERS 1000 includes an insurance company 102 that provides major medical and is the network provider, individuals 104 and medical service/good providers 106. As previously described, individuals 104 pay a membership fee 210 to the insurance company 102 and/or PPO BUSTERS in order to join the program and access the medical service/good provider listing and discount price list 208. The individual 104 can also pay a major medical premium ~~408~~ 254 to the insurance company 102. Note that the membership fee 210 and the major medical premium ~~408~~ 254 can be combined into single or periodic payments. In addition, all or part of the membership fee 210 and major medical premium ~~408~~ 254 may be paid by the individual's 104 employer or business. The membership fee 210 and major medical premium 102 may also include coverage for a spouse and dependents. The medical service/good provider listing 208 is created and maintained by the insurance company 102 or its agents and contains, in part, information provided by the medical service/good providers 106. The medical service/good providers 106 provide this information to the insurance company 102 when they join PPO BUSTERS by agreeing to the terms and conditions of the insurance company 102, such as agreeing to only charge individuals ~~202~~ 104 of PPO BUSTERS the discount price 212. The individual 104 pays the discount price 212 to the medical service/good provider 106 when the goods or services are rendered. The individual 104 can “look up” the discount price on the discount price list 208 prior to contacting the medical service/good provider 106. Once the deductible is reached, the insurance company 102 then pays the medical service/product provider 106 based on what is deemed as usual and customary charges (Major Medical Payment 258) for the product or service in the particular geographic area.

Please replace paragraph [0053] with the following amended paragraph:

[0053] Now referring to FIGURE 11A, a flow chart showing the steps 1100 performed by an insurance company 102 in accordance with another embodiment of the present invention (FIGURE 10) is shown. With respect to the major medical part of the plan, as determined in decision block 1102, the insurance company 102 receives major medical premiums from the member in block 1104. Thereafter, the insurance company 102 will periodically receive major medical claims for a member from a medical service/good provider in block 1106. The insurance company 102 then manages and pays the major medical claim to the medical service/good provider in block 1108. With respect to the PPO BUSTERS part of the plan, as determined in decision block 1102, the insurance company 102 and/or PPO BUSTERS receives membership fees from new and renewing members in block ~~640~~ 604, receives the premium listing fees and information, which include price list information, from the appropriate medical service/good providers in block 606, receives the basic listing information, which includes price list information, from the appropriate medical service/good providers in block 608, or receives advertising fees from third parties in block ~~604~~ 610. After the advertising fees are received in block 610, the insurance company 102 places the advertisements in content that is provided to the members in block 612. After blocks 606, 608, ~~604~~ or 612, the insurance company 102 provides the basic/premium listings and price lists to the members in block 614, receives and processes feedback from members, medical service/good providers and advertisers in block 616 and periodically updates the information provided to the members in block 618.

Please replace paragraph [0054] with the following amended paragraph:

[0054] Referring now to FIGURE 11B, a flow chart showing the steps 1130 performed by a medical service or good provider ~~206~~ 106 in accordance with another embodiment of the present invention (FIGURE 10) is shown. The medical service/good provider ~~206~~ 106 joins the member-provider network in block ~~4432~~ 634. If the medical service/good

provider ~~206~~ 106 does not agree to an existing discount price list, as determined in decision block ~~1134~~ 636, the medical service/good provider ~~206~~ 106 submits a discount price list in block 1136. Once the price list is either agreed to, as determined in decision block ~~1134~~ 636, or submitted in block 1136, the medical service/good provider ~~206~~ 106 elects to have a basic or premium listing as determined in decision block ~~1138~~ 640. If the medical service/good provider ~~206~~ 106 elects not to have a premium listing, as determined in decision block ~~1138~~ 640, the medical service/good provider ~~206~~ 106 provides the necessary information to be included in the basic listing in block ~~1140~~ 642. If, however, the medical service/good provider ~~206~~ 106 elects to have a premium listing, as determined in decision block ~~1138~~ 640, the medical service/good provider ~~206~~ 106 pays the premium listing fee in block ~~1142~~ 644 and provides the desired information to be included in the premium listing in block ~~1144~~ 646. Once the listing information is complete (blocks ~~1140~~ 642 or ~~1144~~ 646), the medical service/good provider ~~206~~ 106 provides goods or services to members in block ~~1146~~ 648. If the goods or services are covered by the PPO BUSTERS part of the plan because the deductible has not been reached, as determined in decision block 1148, the medical service/good provider ~~206~~ 106 receives payment for the goods or services provided from the member based on the price list at time of delivery in block ~~1150~~ 650. As previously mentioned, the medical service/good provider ~~206~~ 106 receives payment immediately from the member instead of waiting on and hassling with an insurance company. If, however, the goods or services are covered by the major medical part of the plan because the deductible has been reached, as determined in decision block 1148, the medical service/good provider ~~206~~ 106 files a major medical claim with the insurance company in block 1152. The medical service/good provider ~~206~~ 106 then manages and ultimately receives payment for the major medical claim from the insurance company in block 1154.

Please replace paragraph [0055] with the following amended paragraph:

[0055] Now referring to FIGURE 11C, a flow chart showing the steps 1160 performed by a member ~~202~~ 104 in accordance with another embodiment of the present invention

(FIGURE 10) is shown. With respect to the PPO BUSTERS part of the plan, the member ~~202~~ 104 pays a membership fee to join the member-provider network in block ~~1162~~ 664. With respect to the major medical part of the plan, the member ~~202~~ 104 pays major medical premiums to the insurance company in block 1164. When the member ~~202~~ 104 needs medical services or goods, he or she searches the medical service/good provider list using various well known criteria, such as area and services/goods provided, in block ~~1166~~ 666. The member ~~202~~ 104 then selects a medical service/good provider and reviews the listing (basic or premium) and price list for the selected medical service/good provider in block ~~1166~~ 668. If the medical service/good provider is acceptable, as determined in decision block ~~1167~~ 670, the member ~~202~~ 104 contacts the selected medical service/good provider in block ~~1167~~ 672. If, however, the medical service/good provider is not acceptable, as determined in decision block ~~1167~~ 670, the member ~~202~~ 104 can narrow the search parameters or perform a new search in block 1166 and repeats the process. Once the member ~~202~~ 104 contacts the medical service/good provider in block ~~1167~~ 672, the member ~~202~~ 104 receives the goods or services from the medical service/good provider in block ~~1167~~ 674. If the member's deductible has not been reached, as determined in decision block ~~1176~~ 48, the member ~~202~~ 104 pays the medical service/good provider for the goods or services provided based on the price list at the time of delivery up to the member's annual deductible amount in block 1178. If, however, the goods or services are covered by the major medical part of the plan because the deductible has been reached, as determined in decision block ~~1176~~ 48, the insurance company pays the medical service/good provider for the goods or services provided that exceed the member's deductible in block 1180. Note that the member's deductible may include a per visit deductible, 80%/20% deductible and/or maximum out-of-pocket expense cap.